

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|----------|
| FEE DETERMINATION | DB | 70250 | 10-2-99 |
| O.I.P.E. CLASSIFIER | | 71471 | 10/12/01 |
| FORMALITY REVIEW | | | 10/15 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|----------------|----------|
| Final Original | |
| 1 | 10/19/03 |
| 2 | 10/19/03 |
| 3 | 10/19/03 |
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| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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